





Local Health Improvement Coalition (LHIC) Meeting

May 20th, 2022



Brandon M. Scott
Mayor, Baltimore City
Letitia Dzirasa, M.D.
Commissioner of Health, Baltimore City

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Agenda



| Topic | Time |
|---|------|
| Meeting Norms & Chat introduction | 5 |
| Welcome from Dr. Dzirasa + Dr. Jones | 10 |
| Meeting Recap + Goals & Purpose Refresh | 15 |
| Voices from our Coalition: Dr. Bronner <i>Change Takes Time</i> | 15 |
| Updates from our Priority areas Diabetes, Care Coordination, Social Determinants | 30 |
| Asks for the Coalition New Members, Steering Committee reviews | 10 |
| Next Steps | 5 |



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Meeting Norms

- When you join, please chat-in or say your name
- State name before speaking
- Verbalize messages in chat
- Speak for yourself only, using “I” statements: “I do not like...” instead of “we do not like...”
- Raise hand to speak and use camera when possible
- Closed Captioning/Live Transcription is available by clicking Closed Caption  or Live Transcript 
- Meeting notes will be sent in “text only” format at the end of each meeting



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Welcome!



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LHIC Representation

| | | | |
|-------------------------------------|------------------------------------|-------------------------------------|---|
| BALTIMORE CITY HEALTH DEPARTMENT | FAMILY HEALTH CENTERS OF BALTIMORE | AMERICAN HEART ASSOCIATION | MAYOR'S OFFICE OF HOMELESS SERVICES |
| UNIVERSITY OF MARYLAND & UMMC | MORGAN STATE UNIVERSITY | MEALS ON WHEELS OF CENTRAL MARYLAND | MAYOR'S OFFICE OF CHILDREN AND FAMILY SUCCESS |
| HEALTHCARE FOR THE HOMELESS | JHPIEGO | LIBERTY GRACE CHURCH OF GOD | MAYOR'S OFFICE OF IMMIGRANT AFFAIRS |
| KENNEDY KRIEGER INSTITUTE | LIFEBRIDGE HEALTH | BALTIMORE MEDICAL SYSTEMS INC. | COPPIN STATE UNIVERSITY |
| JOHNS HOPKINS HOSPITAL & UNIVERSITY | BALTIMORE CITY PUBLIC SCHOOLS | MEDSTAR HEALTH | PEOPLE ENCOURAGING PEOPLE |
| HEALTHCARE ACCESS MARYLAND | FAMILY LEAGUE OF BALTIMORE | MERCY MEDICAL CENTER | THE BIT CENTER |
| BALTIMORE CITY POLICE DEPARTMENT. | PARK WEST HEALTH SYSTEM INC. | MINISTERS CONFERENCE | SISTERS TOGETHER AND REACHING |
| BEHAVIORAL HEALTH SYSTEMS BALTIMORE | CRISP | ASCENSION/ST. AGNES | JAI MEDICAL CENTER |
| TOTAL HEALTH CARE | IMAGE CENTER OF MARYLAND | FUTURECARE | DEPARTMENT OF PLANNING |



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Meeting + Activities Recap

- **LHIC Meeting 3**

- February 25, 2022
- Introduction of Dr. Vanya Jones + Celeste Davis
- Overview of Project Charter Templates
- Review of the Diabetes Strategy

- **Key Activities**

- Priority Area working committee kickoff
- Recruitment, *welcome new members!*
- Initiate process to build new LHIC website



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Goals and Purpose of LHIC

Refresh



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Background + Overview

- Created in 2011 with the Maryland State Health Improvement Process (SHIP).
- Aimed at improving population health outcomes across all Maryland jurisdictions.
- Local Health Improvement Coalitions (LHICs) are groups of multisector community stakeholders.
- Each LHIC sets public health priorities for their respective communities.
- LHICs address these health priorities through programs, policies, data, coordinated efforts, and infrastructure.



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Baltimore City LHIC Activities

- Identify Health Priorities for Baltimore City: Diabetes, Care Coordination, and Social Determinants of Health
- Share our efforts with broader community through data and meeting information on our public-facing website
- Support community health needs assessments
- Maintain a multisector coalition, including a steering and working committee



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LHIC Roles

| Role | Description | Candidates |
|---------------------------|---|--|
| Workgroup | <ul style="list-style-type: none"> • Recommends: priorities and strategies • Leads the execution of the work. • Elevates existing work to be expanded/ needs additional resource | <ul style="list-style-type: none"> • Program Directors • Initiative Leaders • Community Members |
| Steering Committee | <ul style="list-style-type: none"> • Champions of LHIC • Seeks funding to sustain the LHIC • Checks for health equity and cultural competence of strategies and priorities | <ul style="list-style-type: none"> • VPs, decision-makers • 2-4 community members • 1 youth, older adults, and disabilities represent ative |

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Dr. Yvonne Bronner



Dr. Bronner earned a B.S. from the University of Akron, M.S.P.H. from Case Western Reserve University, and Sc.D. from Johns Hopkins School of Hygiene and Public Health in Maternal and Child Health.

Mission statement – As a teacher, I wish to facilitate optimal learning in future leaders who will seek and use truth and critical thinking skills to solve health problems that are rooted in biased historical policies and practices causing inequities in the social determinants of health (education, housing, employment, etc.) – the ultimate causes of many health disparities.

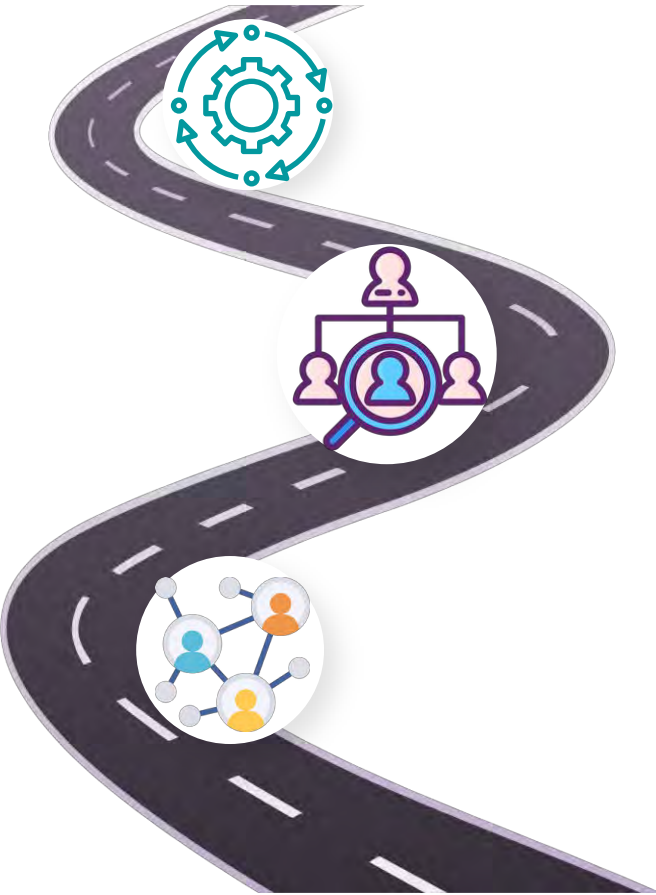


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 **BALTIMORE
CITY HEALTH
DEPARTMENT**

LHIC 2022 PARTNERSHIP MEETING SERIES

Social Change Takes Time



Outline

- **Challenges**
- **Equity**
- **Systems**
- **Change**
- **Unity**

Yvonne Bronner, ScD -
Professor
Morgan State University

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Social Change Takes Time



LHIC- has a great
opportunity to Advance
SDOH

We're on a journey
and
we know where we're
going

Healthy People 2030
VISION

A society in which ALL
people can achieve their
full potential for health
and well-being across
the lifespan

What will this require?

- Taking time to get to know our communities
- Community engagement
- Time to build relationships

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Social Change Takes Time



Story –
Homeboys Industries
(HB)

founded in 1988 by
Jesuit priest –
Father Greg Bogle –

good heart
BUT
not a good businessman

Father never lost a
minutes sleep over
finances –
when times were bleak



Father prayed and
somehow –
money *usually* flowed

But in 2012 –
things were really bad

Revenue \$10.8 million
BUT
Expenses \$15 million

In 2008
Tom Vozzo –
executive VP Aramark

Great recession hit –
his challenge – on
Christmas Eve
'maintain profitability'

= many layoffs

2011 – after getting
though the recession –
Vozzo knew that it was
time to leave

New job –
CEO
Homeboy Industries



HB - where most people
coming through the
doors are DOWN ON
THEIR LUCK

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Social Change Takes Time



Even though Mr Vozzo
knew a lot about 'WHAT TO
DO'
He didn't not much about
HOW TO DO IT

Father Bogle told him to
"slow down and get
involved and be part of the
community" (get to know
and care about your clients)

Every day they by begin with
10 minutes of sharing and
inspiration

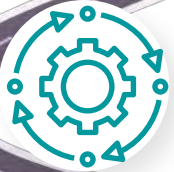
"People don't care how
much you know
until they know
how much you care"

LESSON #1

Take time to get to know
people and communities
before your start changing
things

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Social Change Takes Time



HB - creates space for
everyone that walks through
their doors

LESSON #2

MAKE THE TENT INCLUSIVE

“We’re about helping
people heal from their
trauma so they become
resilient enough to move
back into society strong”



Quotes from Father Bogle

“We don’t hire homies to
bake bread,
We bake bread to hire
homies”



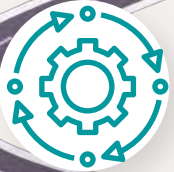
“Nothing stops a bullet like
a job”

“Jobs not jail”

Current staff are often
former gang members,
court-mandated trainees,
etc.

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Social Change Takes Time



HB will celebrate 35th
anniversary next year

From 2012 – 2019 HB
revenues rose by 70%
including \$20 million
from MacKenzie Scott



Mr. Vozzo used his
skills to solve the
problem

Lesson #3

We need to have 21st
century problem
solving skills



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Social Change Takes Time



The epidemic has defined
equality –
the virus does not
discriminate

THEN

Why do we have
disparities in COVID
morbidity and
mortality???

It's due in large part to the
disparities in the
SDOH –

Where ALL people are
born, live, are educated,
work, and play

=
The built environment –

I posit that
“healthy built
environments produce
healthy people”

And you say “ our domain
is healthcare/services –
not schools, employment,
parks, grocery stores, etc.

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Social Change Takes Time



The HB story causes us to reorient our thinking:

“There’s two Americas:

The America that you and I live in,
and

the America that the poor live in,
and the challenges are mighty”

Mr. Vozzo says:

“For our society, where the poverty rate has been the
same for 45 years,

we need to do something different.”

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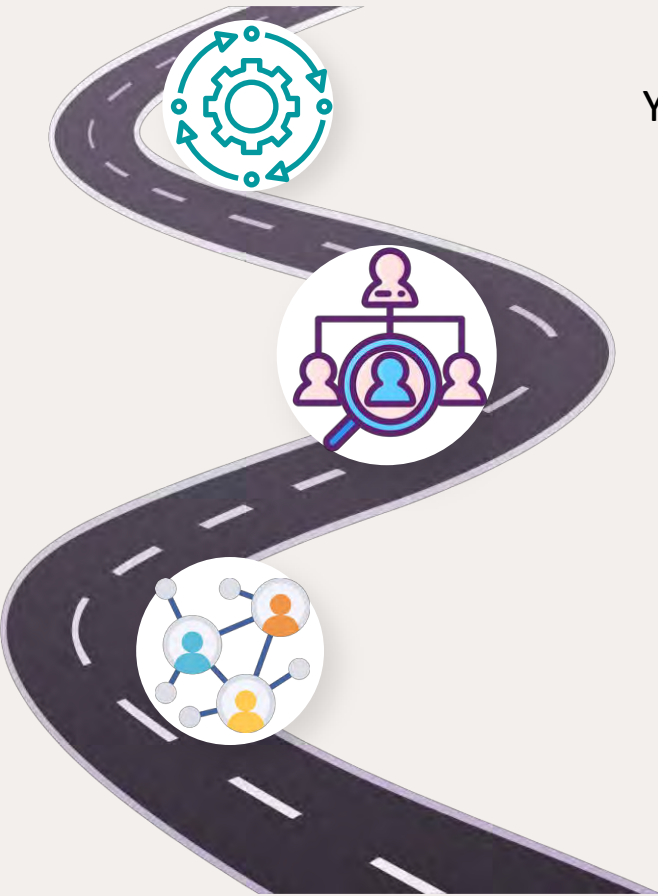
Social Change Takes Time

You might ask – ??

What's the real problem?

Why do we keep spiraling down –

CAN'T WE STOP DIGGING???



Why do we need so much emphasis on???



DIVERSITY

diversity is less about what makes people different—their race, socioeconomic status, and so on—and more about understanding, accepting and valuing those differences



EQUITY

equity is about creating fair access, opportunity, and advancement for all those different people. It's about creating a fair playing field, to use a familiar metaphor



INCLUSION

inclusion is the extent to which various team members, employees, and other people feel a sense of belonging and value within a given organizational setting

An underwater photograph of a coral reef. On the left, there is a vertical section of the reef with various types of coral, including branching and brain coral, in shades of brown, tan, and white. Numerous small, colorful fish, primarily orange and red, are swimming in the clear blue water. The background shows the deep blue of the ocean with some light filtering through from above.

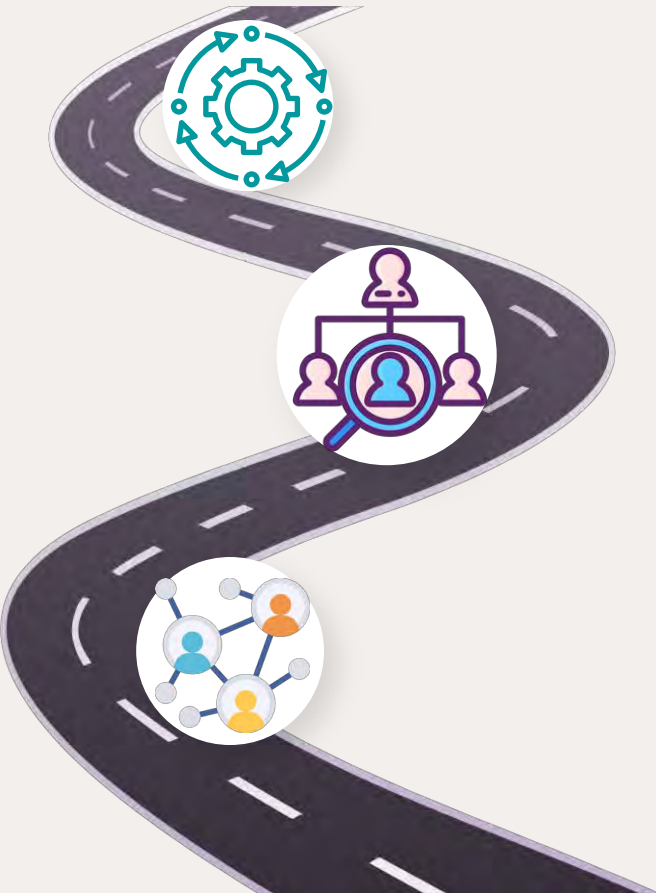
THE WATER OF SYSTEMS CHANGE

JOHN KANIA, MARK KRAMER, PETER SENGE

June 2018

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Social Change Takes Time



CAN WE SEE THE WATER WE'RE IN???

The first step in seeing the water is to illuminate the systemic forces at play

- Policies
- Practices
- Resource flows
- Relationships & connections
- Power dynamics

Mental models –

Habits of thought – deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do and how we talk.

I add --- what we talk about ---

“How can programs shift power to communities and share ownership of equity work with them?”

Six Conditions of Systems Change

Policies

Practices

Resource
Flows

Relationships
& Connections

Power
Dynamics

Mental
Models

**Structural
Change**
(explicit)

(semi-explicit)

**Transformative
Change**
(implicit)

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Social Change Takes Time

Mental models and social narratives are **interdependent**

Mental models and social narratives work in a **bi-directional** way.

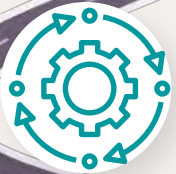
Narratives are shaped by mental models,

But

narratives also, overtime, **shape the mental models we have.**

Movements shift mental models

Movements like **“mothers against drunk driving”** have shifted the mental model by making a **somewhat tolerated problem** - **unacceptable**



- Together we can make the needed impact -- all working together







Priority Area Updates

Diabetes, Care Coordination, SDOH



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Diabetes

Johns Hopkins/UMMC & LifeBridge Health/St. Agnes



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LHIC Update

Baltimore Metropolitan Diabetes Regional Partnership (BMDRP)

Working Group Report out

May 20th, 2022

Summary of Project / Scope:



Infrastructure-building for delivery of two (2) programs:

National Diabetes Prevention Program (CDC)

Diabetes Self-Management Training (ADA)



Wrap-around services



Impact/ Purpose: *Why is this project important? What impact will this work have?*

*Provide infrastructure for diabetes prevention with the **Diabetes Prevention Program (DPP)** framework*

- *Underdiagnosed pre-diabetes condition – provider and patient education*
- *Increased health care cost over time*
- *Evidence based, standard of care management*
- *Address social determinants of health barrier*

*Provide an expanded infrastructure for **Diabetes Self Management Training (DSMT)** clinical service as a standard of care for diabetes management*

- *Nationally, less than 5% of people with diabetes attend DSMT*
- *Lack of awareness amongst clinician*
- *Lack of CDCES for DSMT*
- *Lack of infrastructure support to expand in outpatient setting*
- *Impact: creating access to care, provide customized education on diabetes management, an extension to PCPs and specialists, address social determinants of health barrier*

Project Timeline: *When you expect to start and stop this phase of your work?*

Funded by the HSCRC: 2021-2025; self sustain financial model thereafter

Team: *University of Maryland Medical Center Downtown and Midtown campus, Johns Hopkins Hospital, JH Bayview Medical Center, Suburban Hospital and Howard County General Hospital, Johns Hopkins University and Johns Hopkins Health System*

Next big Deliverable or Milestone: *on the scale of 3 months, what is next big thing you are working to accomplish?*

- *Expanded community facing marketing campaign to extend engagement*
- *Work with delegates and officials to implement solid workflows for promotion, engagement and referrals.*

Status Update

1. What work has been done since last LHIC meeting?
 - Marketing and promotional collaterals, institutional provider engagement and patient / community outreach
2. What Successes and Challenges have you had since last LHIC meeting?
 - Institutional engagement efforts have proven to be succesful
 - On-going conversations to align with community based networks, health department and other affiliates
3. What are your Next steps or next big deadline?
 - On-going conversations on outward facing campaign
4. What do you need from the other LHIC members?
 - Health department influencers to help prioritize goals and structure, continue engagement with members to align shared goals.

Care Coordination

Steven McGaffigan



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Project Summary Care Coordination

- **Impact/ Purpose:** *Care coordination is at the forefront of efforts to improve healthcare quality, access, efficiency and outcomes. It is a way to help individuals navigate what is often a disjointed and unclear healthcare environment.*
- **Project Timeline:** *The initial focus of the working group is to propose a vision of care coordination by September 30, 2022.*
- **Team:** *Steering Committee Lead: Betsy Simon; Working Group: Elizabeth Sebastio, Leah Veek, Tracey Murray, Steven McGaffigan*
- **Next big Deliverable or Milestone:** *To identify LHIC stakeholders to provide input regarding the components of care coordination*



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Status Update Care Coordination

- 1. What work has been done since last LHIC meeting?**
 - Determined working group membership and launch meetings
- 2. What Successes and Challenges have you had since last LHIC meeting?**
 - Reviewed charter and goals
- 3. What are your next steps or next big deadline?**
 - Define care coordination components
- 4. What do you need from the other LHIC members?**
 - Interested members



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Social Determinants of Health

Teresa Leslie



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Summary of Social Determinants of Health Project

- **Impact/ Purpose:** *We intend to focus this project on a system's level issue, that crosscuts diabetes and care coordination*
- **Project Timeline:** *TBD- in progress*
- **Team:** *Teresa Leslie, Yvonne Bronner, La Tasha Barnwell, Rebecca Altman, Krismir Thomas, Marcee White, Ishaan Pathak*
- **Next big Deliverable or Milestone:** *Finalize our focus area and project charter*



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Status Update Social Determinants

1. What work has been done since last LHIC meeting?

- *Our group met to discuss potential focus areas. We discussed existing work, the need to move beyond the 'program level' and recruitment of community members*

2. What Successes and Challenges have you had since last LHIC meeting?

- *Focusing on a topic that is both feasible and addresses a root cause*

3. What do you need from the other LHIC members?

- *We really need team members who are residents or who are working directing with community or leading community organizations.*



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Topics Discussed

The Environment (Outdoor/environmental health/hygiene, tree canopy, water table, climate justice, Baltimore Green Spaces)

Education (conventional, trade, certificates, literacy levels, school absenteeism)

Crime Policy (Addressing city violence and youth)

Food Insecurity & Nutrition (affordability, urban farms etc)

Transportation (inclusion & accessibility)

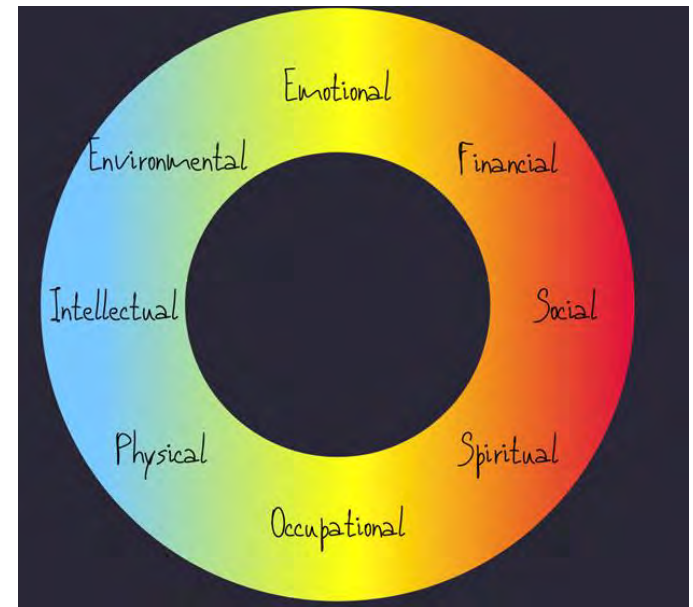


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Holistic Approach

- Public Health currently being addressed under clinical model, non-clinical measures should be explored
- Healthcare tends to measure in the short-term outcomes, should be looking into long-term
- Explore realms other than public health (ie. jobs, transportation, food, lifespan)



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Partner with Organizations Already doing the Work

- Farm Alliance (urban farm, food sustainability)
- BTEC (transportation),
- MOED (employment),
- Bon Secours, MD
- New Directions (job training/placement)
- Empower
- Civic Works
- Healthcare Connection



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Communities Should be included in the Process

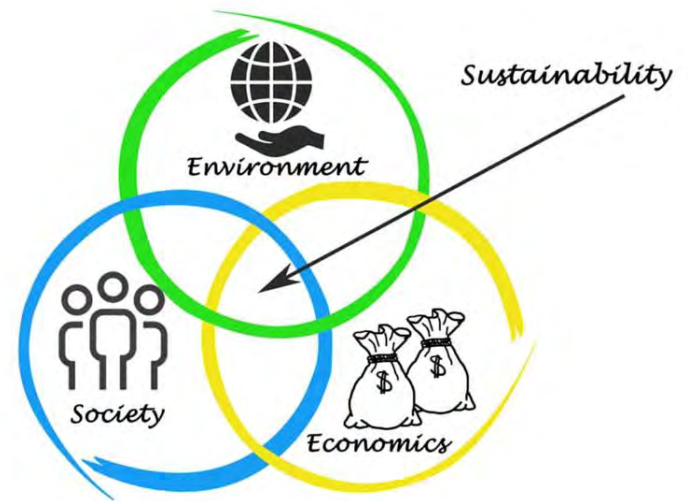
- Bottom up
- Co-creation
- Human centered design



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Sustainable Health Communities

- **LONG TERM GOAL- Allowing people to become independent without needing program assistance/maintenance**



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Asks for the Coalition



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Recruitment

Increase community member representation:

1. Recruit through health system Patient Advisory Committees.
2. Ask a community member to join
 - We are in the process of securing funding for incentives
 - Older Adults, People with Disabilities, Young People



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Recruitment - Share Your Skills and Talents!

Workgroups need participants

1. Secretary/scheduler for Care Coordination
2. Secretary/scheduler for SDoH
3. Workgroup members for all groups

Each LHIC representative should participate in 1 workgroup or steering committee

*If you have questions reach out to:
stephane.bertrand2@baltimorecity.gov*



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Workgroup Leads

| Workgroup | Leads |
|---------------------|---|
| Care Coordination | Elizabeth Sebastiao, Steven McGaffigan |
| Social Determinants | Yvonne Bronner, Teresa Leslie |
| Diabetes | Alice Siawlin Chan, Angela Ginn-Meadow, Christina Henryon, Pamela Xenakis |



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Steering Committee Review

- Steering Committees meet with workgroups to:
 - Review/ discuss proposed work
 - Provide feedback on cultural competency, feasibility, risks and opportunities

Stephane will coordinate these meetings, please be on the lookout for his emails in June and July.



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Current Steering Committee

| Name | Organization |
|------------------------|--|
| HAROLYN BELCHER | KENNEDY KRIEGER INSTITUTE |
| MARC RABNER | CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS (CRISP) |
| YOLANDA OGBOLU | UMD - SCHOOL OF NURSING |
| STEPHANIE ARCHER-SMITH | MEALS ON WHEELS OF CENTRAL MARYLAND |
| MARIK MOEN | UMD - SCHOOL OF NURSING |
| DEBORAH GRAVES | LIFEBRIDGE HEALTH |
| RHONDA FORD CHATMON | AMERICAN HEART ASSOCIATION |
| STACY SMITH | MINISTERS' CONFERENCE EMPOWERMENT CENTER CDC |
| MARTIN GARCIA-BUNUEL | UMD - VETERANS AFFAIRS MARYLAND HEALTH CARE SYSTEM |



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Next Steps

1. Steering Committee: Meet with working groups to review charters
2. Workgroups: Establish a standing meeting (2x monthly)
3. Follow-up with Advisory Committee & Colleagues
4. Next FULL team meeting September



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